| ·  |   |   |              |                               |                              |                  |            | Application or Docket Number |                        |        |                     |                        |  |
|--|---|---|--------------|-------------------------------|------------------------------|------------------|------------|------------------------------|------------------------|--------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOF   |   |   |              |                               |                              |                  | RD         |                              |                        |        |                     |                        |  |
| Effective October 1, 2000  |   |   |              |                               |                              |                  |            | 09/713,180                   |                        |        |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |              |                               |                              |                  |            | SMALL ENTITY TYPE            |                        |        | OTHER THAN          |                        |  |
| TOTAL CLAIMS   |   |   | 18           |                               |                              |                  | F          | RATE F                       |                        | 1      | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED |                               | NUMBER EXTRA                 |                  | BA         | BASIC FEE 35                 |                        | OR     | BASIC FEE           | 710.00                 |  |
| TO   | TAL CHARGEA   | ዲ용 minus 20=                              |              | • 8                           |                              | . <b>x</b>       | (\$ 9=     |                              | OR                     | X\$18= | 144                 |                        |  |
| IND  | EPENDENT CL   | 5 minus 3 =                               |              | * 3                           |                              | X40=             |            |                              | OR                     | X80=   | 100                 |                        |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PR                             | RESENT       |                               |                              |                  | +135=      |                              |                        | OR     | +270=               | 16.0                   |  |
| • If   | the difference  | in column 1 is l                          | less than ze | ro, ente                      | "0" in c                     | column 2         |            | OTAL                         |                        | OR:    |                     | 1014                   |  |
| . / . / . CLAIMS AS AMENDED - PART II  |   |   |              |                               |                              |                  |            |                              |                        | 10.,   | OTHER               |                        |  |
| 6  | 12/86   | (Column 1)                                | mn 2)        | (Column 3)                    | SI                           | SMALL ENTITY     |            |                              | SMALL E                |        |                     |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA | A          | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | .23                                       | Minus        | 2                             | 8                            | = /              | X          | \$ 9=                        |                        | OR     | X\$18=              |                        |  |
|  | Independent   | •5  | Minus        | <                             | 5.                           | =/               | ×          | X40=                         |                        | OR     | X80=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |                              |                  |            | 135=                         |                        | OR     | +270=               | /                      |  |
|  |   |   |              |                               |                              |                  | L          | TOTAL                        |                        |        | TOTAL               |                        |  |
|  | (Column 1) (Column 2) (Column 3)  |   |              |                               |                              |                  | ADD        | HT. FEE                      |                        | J~     | ADDIT. FEE          | <del>-</del>           |  |
|  |   | CLAIMS                                    |              | HIGH                          | TEST                         |                  | _          |                              | ADDI-                  | 1      |                     | ADDI-                  |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                         | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA | R          | ATE                          | TIONAL                 |        | RATE                | TIONAL                 |  |
|  | Total   | •   | Minus        | **                            |                              | =                | ×          | \$ 9=                        | - 1                    | OR     | X\$18=              |                        |  |
|  | Independent   |   | Minus        | ***                           |                              | =                | ×          | (40=                         |                        | OR     | X80=                |                        |  |
| لـُــا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                               |                              |                  | +          | 135=                         |                        | OR     | +270=               |                        |  |
| •  |   |   |              |                               |                              |                  |            | TOTAL<br>IT. FEE             |                        | OR     | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                               |                              |                  |            |                              |                        | -      |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGI<br>NUM<br>PRÉVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R          | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus        | ••                            |                              | =                | X          | \$ 9=                        |                        | OR     | X\$18=              |                        |  |
|  | Independent   | •   | Minus        | ***                           | <b>- - -</b> • • • •         | <u> -</u>        | ×          | 40=                          |                        | OR     | X80=                |                        |  |
|  | FIRST PRESE   | NTATION OF M                              |              |                               | 135=                         |                  |            | .070                         |                        |        |                     |                        |  |
| • 1  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |              |                               |                              |                  |            |                              |                        | OR     | +270=               |                        |  |
| "If the entry in column 1 is less than the entry in column 2, write 1 in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL  ADDIT. FEE |   |   |              |                               |                              |                  |            |                              |                        |        |                     |                        |  |
|  |   |   |              |                               |                              | highest number   | for each 1 | n the co                     | amadata ba             |        | turno 1             |                        |  |